



Alderson-Broaddus College
Postgraduate Physician Assistant Program
Hospitalist / Surgery Certificate Application

APPLICATION AND ACCEPTANCE

Admission Requirements:

Admission is conducted on a rolling basis which means that students are interviewed and accepted throughout the application period on a space available basis. The Certificate Programs begin fall semester of each year. The admission requirements are as follows:

1. A baccalaureate or master's degree from an accredited college or university which includes a general education component.
2. Certification by the National Commission on Certification of Physician Assistants (NCCPA) or board eligible status.
3. Three letters of recommendation from three professional colleagues.
4. An on-campus (preferred) or telephone interview.

Starting Process:

Students seeking admission to the Postgraduate Physician Assistant Program should complete the following steps:

1. Complete the application form and return it to: **Postgraduate Physician Assistant Program, Alderson-Broaddus College, PO Box 2037, 500 College Hill Drive, Philippi, WV 26416-2037.**
2. Include a \$35.00 application fee with your application. This fee is non-refundable and must accompany the application. Make the check payable to: **Alderson-Broaddus College.**
3. Complete and return recommendation forms as requested (see instructions on form).
4. Send a copy of your official college transcript(s) to: **Postgraduate Physician Assistant Program, Alderson-Broaddus College, PO Box 2037, 500 College Hill Drive, Philippi, WV 26416-2037.**
5. Forward a copy of your most recent state PA license and national certification (NCCPA) along with your application for admission.
6. Contact the Postgraduate Physician Assistant Program at Alderson-Broaddus College if you have questions or need further information. You may call any week day between 8:00 a.m. and 4:30 p.m. Call (304) 457-6356 or (304) 457-6283.

Acceptance:

Students completing all admission requirements will be considered on a rolling basis. If selected, full admission will be granted.

You Must:

After being granted admission, full or provisional, you will be asked to submit a non-refundable deposit of \$100.00. The deposit will be applied toward your tuition.

The deposit is non-refundable for applicants who do not enroll.

APPLICATION

Hospitalist / Surgery Certificate Programs
Alderson-Broaddus College
500 College Hill Drive
PO Box 2037
Philippi, West Virginia 26416

Surgery _____ (Specify year) **Hospitalist** _____ (Specify year)

NAME: _____ Maiden Name: _____
 First Middle Last

Preferred Name: _____

HOME ADDRESS: _____
 Number and Street City/Town State Zip

Telephone: Home: (_____) _____ - _____ Work: (_____) _____ - _____

Cell Number: (_____) _____ - _____

Birth Date * ____ / ____ / ____ Social Security Number: * _____ - _____ - _____

Sex: * Female Male E-Mail Address: _____

Are you a U.S. citizen or a permanent resident? Yes No

If NO, in what country do you hold your citizenship? _____

Are you a veteran? Yes No If so, how many years did you serve? _____

Race: * Asian or Pacific Islander American Indian or Alaska Native
 Caucasian American Black American
 Hispanic (including Puerto Rican
 Other _____

COLLEGE & PROFESSIONAL INFORMATION

List all colleges and universities you have attended since high school. Please send an official transcript(s) from each institution as soon as possible.

Name of College(s)	Date(s) of Attendance	Degree?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Physician Assistant Program completed: _____

Date of completion: ___/___/___ Are you presently a practicing PA? Yes No

Type of Practice _____

If "YES", in what state do you now work? _____

Alderson-Broaddus College does not discriminate on the basis of creed, religion, national or ethnic origin, age, race, color, gender or handicap in the administration of its educational programs, admission policies, financial aid policies and/or programs, athletic, co-curricular activities, employment practices, or other college administered programs.

*Asterisk designated items on the application are optional and have no bearing on admission. This information will be used for federal reports.

CERTIFICATION:

Are you a certified PA? Yes No Certificate Number: _____

If "NO", do you have board eligible status? Yes No

If you are not currently employed as a physician assistant, in what field do you work? _____

Name of your employer: _____

Please answer questions 1-5. If you answer any questions YES, please provide an attached written explanation. Answering yes **WILL NOT** automatically disqualify you for admission.

- Have you ever been dismissed, suspended or placed on probation:
As an employed PA Yes No
As a student PA Yes No
- Have you ever had a complaint filed against you with your state medical licensing board? Yes No
- Have you ever lost your PA license? Yes No
- Have you ever been treated for chemical dependency or substance abuse? Yes No
- Have you ever been convicted of a felony? Yes No

HEALTH

General physical health: Excellent Good Fair Poor

Do you have any physical or health conditions which require special attention? Yes No

If **YES**, please explain:

GENERAL INFORMATION

How did you first learn about the Certificate Program?

The student is advised of the following on-site requirement and other general information as follows:

On-Site Requirements at Alderson-Broaddus College:

First Year	Fall Semester	One weekend per month (September-December)
	Spring Semester	On weekend per month (January –April)
Second Year	Fall Semester	One weekend per month (September-December)
	Spring Semester	On weekend per month (January –April)

NOTE: A weekend consists of Friday through Sunday. Class schedules vary slightly each semester. The College reserves the right to alter on-campus class schedules as needed and appropriate to satisfy program objectives.

Tuition Payment: Hospitalist Certificate:

Tuition is the responsibility of the student and is to be paid according to the following schedule:

\$3,402	by September 2006
\$3,402	by January 2007
\$3,402	by September 2007
\$3,402	by January 2008

Tuition Payment: Surgery Certificate:

Tuition is the responsibility of the student and is to be paid according to the following schedule:

\$2,268	by September 2006
\$2,268	by January 2007
\$2,268	by September 2007
\$3,969	by January 2008

NOTE: Tuition is subject to change effective July 1 of each year, pending action of the Board of Trustees for Alderson-Broaddus College.

Program Approval (For official use only)

Approval Status: _____Approved _____Not Approved

Medical Director's Signature: _____ **Date:** _____/_____/_____

Program Director's Signature: _____ **Date:** _____/_____/_____

CERTIFICATION

I hereby certify that the information furnished on this application is accurate and complete. I understand that a \$35.00 APPLICATION FEE is required with this application. A copy of my OFFICIAL TRANSCRIPTS, NCCPA Certification and state license (if applicable), recommendation forms and interview will be required to complete my application for admission.

Signature: _____

Date: _____/_____/_____